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## Camp Medical Information & Release Form

Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Church/Org \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**In case of emergency, notify:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Phone 2 \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

**Family Physician:**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**Insurance Information**

Provider: \_\_\_\_\_ Policy No. \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Policy Holder \_\_\_\_\_ Type of plan:  group  individual

**Allergies/Other Info**

Penicillin  Insect Bites  Hay Fever  
 Poison Ivy  Other: \_\_\_\_\_  
Date of last Tetanus shot: \_\_\_\_\_

**NOTE:** Any/all medications that are brought to camp MUST be turned in to the designated adult from the sponsoring church/organization during a minor's stay. No student/minor may be allowed to keep any prescription drugs/medication in their possession at any time, except as supervised by designated sponsor.

Is the participant on any prescribed drugs/medication:  yes  no

If yes, please explain: \_\_\_\_\_

What medications will be brought to camp/retreat? \_\_\_\_\_

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**Photo Release:** With participation, I give permission for myself/my child to be photographed, and/or videotaped while participating in the above stated camp/retreat for the purposes of publicity, staff training, and/or promotion.

I, the participant/parent/guardian as signed below, hereby give consent and/or authorization for the individual listed on this form to be examined by medical or dental personnel, as dutifully licensed to practice under the laws of the state; and to provide necessary treatment and/or hospitalization that in their professional opinion is necessary to maintain the life, health, or well being of the individual. I also understand that my insurance is primary in any and all claims, and the sponsoring church or organization becomes secondary. I have examined this form and find that all information is correct and true to the best of my knowledge.

\_\_\_\_\_  
Signature of participant (over 18) OR  
Signature of parent or guardian (if participant is under 18)

\_\_\_\_\_  
Date